

Colorado Air Pollution Control Division

EMISSION PERMIT/APEN CANCELLATION REQUEST

Permit Number	and/or	AIRS ID:		
Source or Equipment Name:				
Source or Equipment Address:				
This cancellation request is base	ed on the following: <i>Please</i> of	circle the appropriate item	1.	
1. The facility and/or source	. The facility and/or source addressed by the permit or APEN no longer exists.			
2. The facility has been sold	2. The facility has been sold to another party and I do not wish to transfer the permit.			
New owners name:				
New owners address:				
New owners phone numb	oer:			
 The emissions from the p maintaining an APEN or p active APEN or permit with 	permit with the Division and			
4. Other:				
Date Equipment or Operations	Ceased/Sold or Below Re	porting Thresholds:		
Company Name:		Phone Number:		
Company Address:				
City:	State:	Zip:		
			/	
Signature of Legally Authorized F	Person	Date	€	
Print Name	Т	itle		
PLEASE RETURN COMPLETED FORM TO CDPHE-Air Pollution Control Division APCD-SSP-B1 4300 Cherry Creek Dr. S. Denver, CO 80246-1530	<u>:</u>			

For Department Use Only

Sent to:

[] Administration- Scanned[] Inventory[] Administration- Filed

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